



# Utah Immunization Program Utah Vaccines For Children Program **VACCINE RETURN and TRANSFER FORM**

**(Form Instructions on Back)**

1. Date Submitted		2. VFC Identification Number (PIN)		3. Telephone Number (      )						
4. Name of Clinic or Provider										
5. Contact Name										
6. Vaccine Name		7. Lot Number	8. Expiration Date	9. # of Doses	10. Reason Returned A, B, C, Transferred D (circle one)*	VFC PROGRAM USE ONLY				
						Vacman Entry Date	Manuf.	Funding Type	Contract No.	Purchase Order No.
1.					A B C D					
2.					A B C D					
3.					A B C D					
4.					A B C D					
5.					A B C D					
6.					A B C D					
7.					A B C D					
8.					A B C D					

10. Reason returned (A, B, C,); complete D for transfer **\*(Circle applicable letter in table):**

- A.** Expired
- B.** Damaged in Shipment
- C.** Spoiled (Attach an incident report of the events that led to the vaccines spoiling and your plan to keep this from reoccurring).  
(Enclose this form and report with your returned vaccine shipment to the VFC Program)
- D.** Viable vaccine transferred to another provider \_\_\_\_\_  
(Fax or mail this form to the VFC Program)

VFC provider name, pin number, and contact receiving transferred vaccines

Envelopes: Utah Department of Health Immunization Program		Boxes: Utah Department of Health Immunization Program	
P.O. Box 142001 Salt Lake City, UT 84114-2001		288 N. 1460 W. Salt Lake City, UT 84116	
Phone:	(801) 538-9450		
Fax: (Transfers Only)	(801) 538-9440		

# VACCINE RETURN and TRANSFER PROCEDURE

## General Notes on Vaccine Use, Return, and Transfer

- At the first sign of a refrigerator failure or other incident that may be the cause of an interruption in maintaining the “cold chain,” refer to your Emergency Vaccine Handling Plan currently in place and complete the Emergency Response Worksheet included in your VFC packet. Refrigerate the vaccines appropriately and don’t assume that they cannot be salvaged.
- If vaccine management information is needed, a copy of the CDC’s *Safe Handling and Storage of Vaccines* and other training materials are available upon request. Contact the VFC Program at (801) 538-9450 for assistance.
- Notify the VFC Program immediately of any vaccine losses. If a loss was due to failure to follow established vaccine handling procedures, you may be asked to reimburse or replace the wasted product.
- Use vaccines through the printed expiration date. If an expiration date is month and year only, it is viable until the last day of that month.
- Return spoiled and expired vaccines to the VFC Program. Return only those vaccines that were received from the Immunization Program. Vaccines from private stock will NOT be accepted.
- Contact the VFC Program if you have viable vaccines that you don’t anticipate using with 90 days of the expiration date. We can assist you with transferring the vaccines to another VFC provider.
- Contact the VFC Program at (801) 538-9450 for a copy of the procedure on packing and physical transport of viable vaccines between providers.
- Include this completed form with any shipment of vaccines to be returned or transferred.
- Return spoiled and expired vaccines to:

Envelopes: Utah Department of Health  
Immunization Program  
PO Box 142001  
Salt Lake City, UT 84114-2001

Boxes: Utah Department of Health  
Immunization Program  
288 N 1460 W  
Salt Lake City, UT 84116

When a vaccine transfer occurs, fax (801) 538-9440, or mail the completed form to the VFC Program.

## Instructions for Completing the Vaccine Return and Transfer Form

- 2-5. Information of the VFC provider transferring or returning vaccine from their inventory.  
**Please include your VFC assigned pin number.**
- 6-9. *Vaccine, Lot Number, Expiration Date, # of Doses* - Name, lot number, expiration date, and number of doses to be returned or transferred.
10. *Reason Returned/Transferred “D”* – Circle the applicable letter (A, B, C,) for returning vaccine. (For spoilage, attach an incident report of the events that led to the spoilage and a plan of how you can keep this from reoccurring.) Circle (D) for transferring viable vaccine and complete the transfer information.